

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL058032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 06/08/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAKE JAMES LODGE

**63 LAKEVIEW DRIVE
MARION, NC 28752**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey conducted by Dennis Harrell on 6-8-2015. DHSR records indicate this facility was first licensed on 12-16-1996. However, records provided by the facility indicate the middle section of the facility was first occupied in 1968 (confirmed by an old property tax document dated 9-7-1988), the north wing was occupied in 1971 and the south wing in 1981. Based on this information, we are requiring the older wings to meet the 1967 NC Building Code requirements for Institutional Occupancy, the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds and the newer wing to meet the 1978 NC Building Code requirements for Institutional occupancy, the 1977 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds. Special Magnetic locking was installed on the back hall sometime after 1996 so that portion of the facility has to comply with Section 1012.6 of the 1996 NC State Building Code.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction,	C 101		

CONSTRUCTION SECTION
JUL 07 2015
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Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0999

FP4J21

Construction sheet 1 of 8

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C 101	<p>Continued From page 1</p> <p>change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on observation, the facility failed to properly install the Special Locking devices(magnetic locks) as required by Section 1012.6.D. if the 1996 NC State Building Code. Section 1012.6.D. requires an on/off emergency release switch, capable of interrupting power to all magnetically locked doors shall be located and properly identified at the nurse station or any other control station which is manned 24 hours. Special Locking devices that are not properly installed could prevent an evacuation in an emergency.</p> <p>Findings include:</p> <p>The emergency release switch located at the nurse station failed to unlock the doors when tested.</p> <p>2. Based on observation the facility failed to properly install the Special Locking device in compliance with Section 1012.6.E. if the 1996 NC State Building Code. Section 1012.6.E. requires an on/off emergency release switch to be installed within 3 feet of each locked door.</p> <p>Findings include:</p> <p>The emergency release switches provided at the doors were momentary push-button type that automatically relocked the door when the button was released. A momentary switch is not an</p>	C 101	<p>The main on/off switch is located at Nurses Station labeled for Staff use. Switch is operating.</p> <p>Switches was installed 3ft of each door with a lock box.</p>	<p>6-12-15</p> <p>6-15-15</p>

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NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE	STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752
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C 101	Continued From page 2 "on/off" type switch.	C 101		
C 160	Outside Premises-Clean, Safe SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (m) The requirements for outside premises are: (1) The outside grounds of new and existing facilities shall be maintained in a clean and safe condition; This Rule is not met as evidenced by: Based on observation, a large tarp of about 40 feet by 60 feet was laid out in the back yard completely covering the exit path. The edges and wrinkles in the tarp presented a significant trip and fall hazard.	C 160		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, several battery powered emergency lights in the corridor and other spaces would not work when tested. Battery powered emergency lights that will not	C 189	Tarp placed in Storage Building only maintenance or manager has access to the Storage Building All Batteries Replaced Now in working order	6-9-15 6-17-15

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NAME OF PROVIDER OR SUPPLIER LAKE JAMES LODGE		STREET ADDRESS, CITY, STATE, ZIP CODE 63 LAKEVIEW DRIVE MARION, NC 28752		
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C 189	<p>Continued From page 3</p> <p>work properly for at least 90 minutes could endanger the residents and staff. Findings includes:</p> <p>a. Self contained battery powered emergency lights would not work in the following locations;</p> <ul style="list-style-type: none"> i. Dining room, ii. Corridor near the main office, iii. Corridor near the cross-corridor doors near the nurse station. <p>b. There were several other emergency light fixtures located throughout the facility that were once powered by a central battery panel near the nurse station. All of the charging equipment had been removed from the panel. The central battery panel must be placed back in service OR, self contained battery powered emergency lights must be provided at required locations and the non-functioning emergency light fixtures must be properly removed.</p> <p>2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:</p> <ul style="list-style-type: none"> a. Hole in ceiling by an electrical junction box in the activity closet. b. Damaged ceiling, approximately 10 inches by 10 inches in chemical room. c. Hole beside plumbing vent in ceiling of closet off room 4 on Back Hall. d. Residential fire foam used to seal many holes throughout the facility. Fire foam is not approved for use in Institutional Occupancies. 	C 189	<p>All Holes and damaged areas repaired. and fire Caution used as required</p>	6-10-15

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C 189	Continued From page 4 3. Based on observation, the cover was missing on a 6 foot long hydronic baseboard heater. With the cover missing, residents were exposed to sharp heating fins.	C 189	Replaced with a metal cover	6/15/15
C 191	Unvented & Portable Elec. Heaters Prohibited SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, there were portable electric heaters found in the main office, the office near the nurse station and the maintenance office.	C 191	All Portable Heaters WAS Collected And Removed From the Premises	
C 119	Bathrooms-Hand Grips C. The Building 3. Arrangement and size of rooms. Each home shall provide: f. Bathrooms and/or toilet rooms (7) Hand grips shall be installed at all tubs, showers, and commodes. This Rule is not met as evidenced by: Based on observation, there were no hand grips provided at the toilets in the common bathroom	C 119	Hand rails properly installed in Bath room Stalls	6/10/15

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C 119	Continued From page 5 on the Back Hall.	C 119		
C 138	Corridors-Free of Obstructions C. The Building 3. Arrangement and size of rooms. Each home shall provide: I. Corridors (See North Carolina State Building Code Requirements for Nursing Home and Boarding Homes.) (9) Free of all obstructions or impediments to full instant use in case of fire or other emergency. This Rule is not met as evidenced by: Based on observation, the exit access corridor to exit 3 was obstructed to less than 3 feet wide with wheel chairs, lifts and a cleaning cart. Obstructed corridors could delay or prevent an evacuation in an emergency.	C 138	Staff Unservice to discuss door exits can not be blocked At any time as well Pull Station. Pull Station marked off on floor with caution tape	6-12-15